

Clients Data Sheet Year _____

Taxpayer Full Name _____ Date of Birth _____

Spouse's Name _____ Date of Birth _____

Address _____

Phone Number _____

Full Name	Date of Birth	Relationship	Medical Insurance	Same Household

Check all that Apply

W-2

W-2G

1098 T & Education Expenses (1098E)

Unemployment 1099-G

Donations to Idaho Youth

Business Income and Expenses

1099-Misc (Contract)

Mortgage Interest paid

Real estate tax

Would you like your Refund Direct Deposit? Yes No

Name of the Bank & Account Number _____

For 1st time clients **ONLY**, Referred by (Full Name) _____

I certify that I want my tax return prepared according to the data I have given above.

Taxpayer Signature _____ Date _____

Spouse Signature _____ Date _____